

TRICARE Pharmacy Program Medical Necessity Form for Paxil CR, Prozac Weekly, Sarafem, and Wellbutrin XL

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This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Formulary alternatives for these medications include: bupropion sustained/immediate release, fluoxetine, and paroxetine immediate release; citalopram and Zoloft (sertraline); Effexor / Effexor XR (venlafaxine), mirtazapine, and nefazodone.
- Paxil CR, Prozac Weekly, Sarafem, and Wellbutrin XL are non-formulary, but available to most beneficiaries at a \$22 cost share. Other non-formulary antidepressants are Cymbalta and Lexapro.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication *instead of a formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/>	MTF	<ul style="list-style-type: none"> Non-formulary medications are available at MTFs only if both of the following are true: <ul style="list-style-type: none"> The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. The non-formulary medication is determined to be medically necessary. Please contact your local MTF for more information. There are no cost shares at MTFs.
	<ul style="list-style-type: none"> The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 OR The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 		<ul style="list-style-type: none"> The provider may call: 1-866-684-4488 OR The completed form may be faxed to 1-866-684-4477 		

There is no expiration date for approved medical necessity determinations.

Step 1	Please complete patient and physician information (Please Print)	
	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID # _____	Phone #: _____
		Secure Fax #: _____

Step 2	Paxil CR (paroxetine controlled release)		
	Please explain why the patient cannot be treated with any of the formulary agents listed below, including the formulary version of this product (paroxetine immediate release). A specific explanation is required for each formulary agent.		
	Formulary Agent	Reason	Explanation
	paroxetine immediate release	1 2 3 4 5	
	citalopram	1 2 3 4 5	
	generic fluoxetine	1 2 3 4 5	
	sertraline (Zoloft)	1 2 3 4 5	
<ol style="list-style-type: none"> The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient). The patient has experienced significant adverse effects with the formulary agent, but is expected to tolerate Paxil CR. An adequate trial of the formulary agent resulted in therapeutic failure, but the patient is expected to respond to Paxil CR. The patient has previously responded to Paxil CR and changing to a formulary agent would incur unacceptable risk (e.g., risk of destabilization). The patient is likely to experience intolerable adverse effects when starting therapy with paroxetine immediate release due to predisposing factors for nausea (e.g., chemotherapy, GI disorder). 			

Questions for Prozac Weekly, Sarafem, and Wellbutrin XL are on Page 2. For all products, please sign and date at the bottom of Page 2.

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Step

2

Prozac Weekly (fluoxetine 90-mg capsules for weekly dosing for the maintenance of response in depression)

Please explain why the patient cannot be treated with **any** of the formulary agents listed below, including the formulary version of this product (generic fluoxetine given daily). A specific explanation is required for **each** formulary agent.

Formulary Agent	Reason	Explanation
generic fluoxetine	1 2 3 4	
citalopram	1 2 3 4	
paroxetine immediate release	1 2 3 4	
sertraline (Zoloft)	1 2 3 4	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent, but is expected to tolerate Prozac Weekly.
3. An adequate trial of the formulary agent resulted in therapeutic failure, but the patient is expected to respond to Prozac Weekly.
4. The patient has previously responded to Prozac Weekly and changing to a formulary agent would incur unacceptable risk (e.g., risk of destabilization).

Sarafem (fluoxetine 10- or 20-mg capsules in special packaging for treatment of premenstrual dysphoric disorder [PMDD])

Please explain why the patient cannot be treated with the formulary version of this product or with sertraline, which is also FDA-approved for the treatment of PMDD. A specific explanation is required for **each** formulary agent.

Formulary Agent	Reason	Explanation
generic fluoxetine	1 2 3 4	
sertraline (Zoloft)	1 2 3 4	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent, but is expected to tolerate Sarafem.
3. An adequate trial of the formulary agent resulted in therapeutic failure, but the patient is expected to respond to Sarafem.
4. The patient has previously responded to Sarafem and changing to a formulary agent would incur unacceptable risk (e.g., risk of destabilization).

Wellbutrin XL (bupropion extended release)

Please explain why the patient cannot be treated with **any** of the formulary agents listed below, including the formulary version of this product (bupropion sustained release). A specific explanation is required for **each** formulary agent.

Formulary Agent	Reason	Explanation
bupropion sustained release	1 2 3 4	
citalopram	1 2 3 4	
generic fluoxetine	1 2 3 4	
paroxetine immediate release	1 2 3 4	
sertraline (Zoloft)	1 2 3 4	

1. The formulary agent is contraindicated (e.g., due to hypersensitivity to the agent or an inert ingredient).
2. The patient has experienced significant adverse effects with the formulary agent, but is expected to tolerate Wellbutrin XL.
3. An adequate trial of the formulary agent resulted in therapeutic failure, but the patient is expected to respond to Wellbutrin XL.
4. The patient has previously responded to Wellbutrin XL and changing to a formulary agent would incur unacceptable risk (e.g., risk of destabilization).

Step

3

I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

Prescriber Signature

Date